## PITTSYLVANIA COUNTY COMMUNITY ACTION INC 348 N MAIN ST \* PO BOX 1119 CHATHAM VIRGINIA 24531 EVERLENA ROSS, EXECUTIVE DIRECTOR



## CITY OF DANVILLE (TANF) ASSISTANCE

NAME:	DATE:
STREET ADDRESS:	-
CITY: STATE: ZIP CODE	
STATE: ZIP CODE TELEPHONE NUMBER: ( )	MESSAGE NUMBER ( )
DATE OF BIRTH:	MESSAGE NUMBER ( )
SOCIAL SECURITY NUMBER:	AGE:
RACE PLEASE CHECK: NATIVE AMERICAN	
WHITE/CAUCASIANNATIVE HAWAIIAN/PACIFIC IL	
Status: Single Married Divorced Sepa	LA CONTRACTOR DE LA CON
зери	rateavviabwea
1. UTILITY ASSISTANCE	RENTAL ASSISTANCE
PLEASE CHECK YOUR HARDSHIP: GIVE DETAILE	
	OF HOME - SUCH AS FIRE, EVICTION, STORM
	NCOME EXAMPLES: SSI, DISABLITY, SOC SEC
3. DEATH 6. OTHER	
- Or Office	
2. HOW DO YOU PLAN TO PAY ((UTILITY OR RENT)) NE	THE MANAGEMENT OF THE PARTY OF
L DO TOO FOR TOPAT ([OTILITE OR RENT)) NE	AT MUNTH?
3. WILL/HAVE YOU RECEIVE FUEL ASSISTANCE? YES	NO
4. HAVE YOU RECEIVED HELP HERE BEFORE? YES	
5. PAST DUE AMOUNT \$	
6. CAN YOU CONTRIBUTE FUNDS TOWARD THIS ACCOU	INT? YES NO
IF YES, PLEASE LIST THE AMOUNT YOU CAN CONTRIB	UIE \$

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TO THE TOO CIVIL GO TED	YES	_ NO		
8. EMPLOYER NAME:				
9. EMPLOYER ADDRESS:				
10. EMPLOYER TELEPHONE	NUMBER:			
11. IS ANYONE IN YOUR HO	USEHOLD EMP	LOYED? YES	NO	_
12. IF YES, WHERE ARE THE	Y EMPLOYED:			
13. HOW ARE THEY PAID	Weekly	BI-WEEKLY	Monthly	
14. HAVE YOU RECEIVED ASS	ISTANCE FROM	ANOTHER ORGANIZATION	ON, IF YES, PLEASE	LIST THE ORANIZATION
AND THE AMOUNT OF THE		IAT YOU RECEIVED		
ORGANIZATIO				
AMOUNT RECEIVE	D <u>\$</u>	-		
15. ARE YOU A VETERAN? Y	FC	NO		
TOO A VETERALL, I		NO	•	
16. EDUCATION: HIGH SCHOOL	OL VEC A			
	JL: YE3	VO, IF NO, LIST LAST	T GRADE COMPLET	ED GED
17. COLLEGE: NONEA				
	SSOCIATE'S DEG	GREE BACHELORS	DEGREE M.	
	SSOCIATE'S DEG		DEGREE M.	
	SSOCIATE'S DEG	GREEBACHELORS	DEGREE M	ASTERS DEGREE
17. COLLEGE: NONEA	SSOCIATE'S DEG	GREEBACHELORS	DEGREEM.  MBERS  BIRTHDATE	
17. COLLEGE: NONEA	LIST ALL F	HOUSEHOLD ME	DEGREE M. EMBERS BIRTHDATE	ASTERS DEGREE
17. COLLEGE: NONEA	LIST ALL F	HOUSEHOLD ME  RELATIONSHIP SON/DAUGHTER/OTHER	DEGREE M. EMBERS BIRTHDATE	ASTERS DEGREE
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SOURCES OF INCOME	PLEASE CHECK ALL THAT APPLY			
DOLLAR AMOUNT	SNAP AMOUNT \$			
JOB WEEKLY \$	FUEL ASSISTANCE \$			
EARNINGS BI-WEEKLY \$	MEDICAID			
MONTHLY \$	MEDICARE			
GOVERNMENT BENEFITS	WIC \$			
TANF \$	EMPLOYER INSUR			
SOCIAL SECURITY \$				
SSI \$	**MONTHLY EXPENSES**			
VETERAN BENEFITS \$	RENT \$			
DISABILITY \$	RENT \$ MORTAGE \$			
UNEMPLOYMENT \$	CELL PHONE \$			
OTHER INCOME				
RETIREMENT \$	MEDICAL \$ CAR PAYMENT \$			
OTHER INCOME \$	INS MED/CAR \$			
RECEIVE CHILD SUPPORT \$	CABLE \$			
And the second s	DAY CARE \$			
PENDING CHILD SUPPORT CASE	CREDIT CARDS \$			
YESNO				
I authorize Pittsylvania County Community Action, Inc. to contact and share information with any source necessary to process this application. Pittsylvania County Community Action, Inc., if contacted we will verify any assistance that you received. I certify that I have read and understand the attached guidelines. I also certify that the information provided is true and I understand if I give faise or misleading information, my request will be denied, and may be referred for prosecution, if warranted.				
SIGNATURE OF APPLICANT	DATE			
~~LEARN ABOUT FINANCIAL FREEDOM~~				
IN ORDER TO RECEIVE SERVICE IN THE FUTURE YOU WILL BE REQUIRED				
TO ATTEND A ONCE A WEEK CLASS FOR SIX (6) WEEKS ON				
"HOW TO MANAGE YOUR FINANCES"				
SIGNATURE OF APPLICANT	DATE			